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UNITED STATES DISTRICT COURT

WESTERN DISTRICT OF WISCONSIN

STACEY TERRILL BROADWAY,
Petitioner,

v.

CHRIS BUESGEN,
Respondent.

Case No. 21-CV-631

**MOTION TO SUPPLEMENT RECORD WITH EVIDENCE
OF PETITIONER'S MENTAL CONDITION AND
REQUEST FOR STAY UNDER RHINES v. WEBER**

Petitioner Stacey Terrill Broadway, proceeding pro se, respectfully submits this motion to supplement the record with evidence of his mental health condition and to request a stay under **Raines v. Weber, 544 U.S. 269 (2005)** to allow exhaustion of state court remedies. In support of this motion, Petitioner states as follows:

1. Evidence of Petitioner's Mental Condition

Attached hereto is a recent psychiatric evaluation, dated December 6, 2024, documenting Petitioner's **bipolar**

disorder, depressive symptoms, and ongoing treatment. The report includes:

- A formal diagnosis of **bipolar disorder**, identified two years ago;
- Current psychiatric medications, including **Olanzapine** for mood stabilization;
- Symptoms of depression, dysphoria, anxiety, and mood dysregulation.

Petitioner's mental health impairments have interfered with his ability to meet court deadlines, file appeals, and effectively manage his legal affairs, particularly during critical stages of the habeas process.

2. Mental Illness Constitutes Good Cause for Failure to Exhaust

Under **Rhines v. Weber**, a federal court may stay a habeas petition when:

1. The petitioner shows "good cause" for failing to exhaust state remedies;
2. The unexhausted claims are not plainly meritless; and
3. There is no indication the petitioner engaged in intentional delay.

Petitioner's documented mental illness constitutes "good cause" for his failure to exhaust state remedies. Courts have recognized that severe mental illness may excuse procedural defaults and justify equitable tolling under the **Antiterrorism**

and Effective Death Penalty Act (AEDPA). See **Bills v. Clark**, 628 F.3d 1092 (9th Cir. 2010).

3. Request for Equitable Tolling

To the extent that any procedural deadlines have passed, Petitioner respectfully requests **equitable tolling**. Petitioner's severe mental illness, as documented in the attached psychiatric evaluation, prevented him from timely pursuing his rights despite reasonable diligence.

4. Request for Relief

Based on the foregoing, Petitioner respectfully requests that this Court:

1. Permit supplementation of the record with the attached psychiatric evaluation documenting Petitioner's bipolar disorder;
2. Stay the proceedings under **Rhines v. Weber** to allow Petitioner to exhaust his claims in state court.
3. Alternatively, grant equitable tolling of any procedural deadlines changed by Petitioner's mental illness.
4. Grant any other relief the Court deems just and proper.

Dated: 12/16/2024

Respectfully submitted,


Stacey Terrill Broadway
Stanley Correctional Institution

Patient: BROADWAY, STACEY-TERRILL

MRN/DOC: 000401821

DOB: 11/21/1976

Psychiatric

Remarkable for his mother and paternal aunt who have bipolar disorder. He reports a brother and a maternal uncle has schizophrenia.

CURRENT PSYCHOTROPIC MEDICATIONS:

Olanzapine 5 mg in the p.m.

MEDICATION TRIALS:

Lamictal,

PAST MEDICAL HISTORY:

Asthma.

SUBSTANCE USE HISTORY:

He denies IV drug use. He used THC from ages 19 to 25. He experimented with ecstasy once. He reports heavy alcohol use from ages 19 to 25. He denies AODA programming or OWIs.

LEGAL HISTORY:

He is charged with second-degree sexual assault. He tells me he is serving 20 years' confinement.

SOCIAL HISTORY:

Born and raised in Southeast, Wisconsin. He lived with both parents. He is one of six children. He was not in special education classes. He completed high school, has some college. He tells me he was in the army from 1999 to 2004, but dishonorably discharged secondary to a dirty UA. He is single, never married. He has been with his current fiancée for the past 23 years. They have three children in common, ages 15, 14 and 12. He has four additional children, ages range from 23 to 9 from three relationships. He was living in Green Bay prior to incarceration and working as a carpenter. He identifies his fiancée and both parents as a support system.

MENTAL STATUS EXAMINATION:

He presents in no physical distress. He is alert. He is fully oriented. He is in state issued attire. No hygiene concerns. His gait and station are normal. He is cooperative and he is polite. He maintained good eye contact. No psychomotor abnormalities or unusual mannerisms or movements. His affect was mildly dysphoric. Mood described as "depressed." His speech was spontaneous with normal rate and prosody. His thoughts were organized and logical. There was no evidence of hallucinations or delusions and he did not appear to be internally preoccupied. Conversationally, his memory appears to be intact, although not formally tested.

IMPRESSION:

This patient presents with a reported history of bipolar disorder, diagnosed two years ago. He endorses a history of symptomatology suggestive of mania. Today, he presents with depressive and anxiety symptoms secondary to his lengthy sentence and could benefit from a sedating antidepressant. He tells me he is practicing coping skills, namely breathing exercises. We discussed a trial of mirtazapine, its benefits and risks, which included but are not limited to increase in appetite and weight, sexual dysfunction, sedation, constipation, dry mouth, dry eyes. We also discussed a resumption of lamotrigine at next followup, but we will start olanzapine taper today, with plan to discontinue and next review. He consents the plan outlined below.

Stacey Terrill Broadway, 401821
Stanley Corrections Institution
100 Corrections Dr.
Stanley, WI 54768-6500

Retail



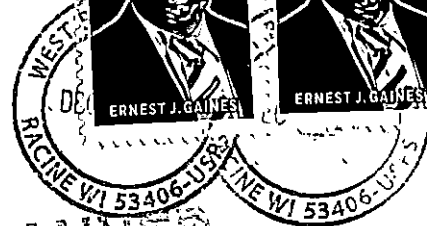
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